PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

<b>L</b> /	rk Reduction Act of 1995, i	no persons are require	U.S. Patent a ed to respond to a	and Traden collection of	nark Office; U.S. information unless	DEPAR it displays	TMENT OF COMMERCE s a valid OMB control number	
DEMARKS			Complete if Known					
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818)			Application Number 1		10/660,583			
FEE TRANSMITTAL			Filing Date Septe		September 12,	eptember 12, 2003		
For FY 2005			First Named Inventor		WATARU KAWATA			
Applicant claims small entity status. See 37 C.F.R. 1.27			Examiner Name Art Unit		Patrick H. Mackey 3651			
TOTAL AMOUNT OF PAYMENT (\$) 0.00					03560.003351			
METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 06-1205 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
BASIC FILING, SE     Application Type     Utility	Fling FEES  Small Entity Fee (\$) Fee (\$)  300 150			EXA <u>Fee(</u> ) 20(			Fees Paid (\$)	
Design	200 100	100	50	130	65	,		
Plant Reissue	200 100 300 150	300 500		160 600				
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims  Small Entity Fee(\$) Fee(\$) 25 25 20 100 360 180								
Total Claims	Extra Claims Fo	ee (\$) Fee Pa	id (\$)	Multip	le Dependent Cla	<u>lms</u>		
23 - 20 or Hi HP = highest number	O = 0 x of total claims paid for		0	<u>F</u>	<u>e(\$)</u> <u>F</u>	ee Paid (	<u>(\$)</u>	
	Extra Claims	. •	Fee Paid (\$)	_	0	00		
Indep. Claims  Extra Claims  Fee(\$)  Fee Paid (\$)  4 -3 or HP = 0 x 0 = 0  HP = highest number of independent claims paid for, if greater than 3  3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets	Extra Sheets	Number of each a				1	Fee Paid (\$)	
100 = / 50 = (round up to a whole number) x =								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)  Other:								
SUBMITTED BY /// /								
Signature	1/1/	Hul		ation No. ey/Agent) 3	30,110	Telepho 202-530		
Name (Print/Type)	Lawrence A. Stahl		1 6	, <u>,</u> ,	····		April 11, 2005	



03560.003351

## **PATENT APPLICATION**

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)	
11	:	Examiner: Patrick H. Mackey
WATARU KAWATA	)	•
	:	Group Art Unit: 3651
Application No.: 10/660,583	)	•
	:	Confirmation No.: 7881
Filed: September 12, 2003		
•	:	
For: SHEET FEEDING DEVICE WITH	)	April 11, 2005
PLURAL SHEET FEEDING MEANS	:	
FEEDING IN OPPOSITE DIRECTIONS	)	
TO SHEET POST-PROCESSING	:	
SYSTEM	)	
Mail Stop Amendment		
COMMISSIONER FOR PATENTS		
P.O. Box 1450		
Alexandria, Virginia 22313-1450		

## **AMENDMENT**

Sir:

In response to the Office Action mailed January 10, 2005, the Examiner is respectfully requested to consider and enter the following amendments: